

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/ 557 997

FILING DATE

4-24-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
(27)							77						
(28)							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
(35)							85						
(36)							86						
37							87						
(38)							88						
39							89						
40							90						
41							91						
42							92						
(43)							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	46						TOTAL DEP.						
TOTAL CLAIMS	53						TOTAL CLAIMS						